

MDR Tracking Number: M4-03-4807-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/24/03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes 22899-51, 27299-51 and 22899-51 dated 12/12/02 and reduced to “M” – fair and reasonable and “G” – global to another service.

## II. RATIONALE

The 1994 Global Service Data for Orthopaedic Surgery, introduction (page vii) states, “Separate codes may be used for bone, cartilage, tendon, fascial and other tissue grafts, in addition to the primary procedure, if the grafts are obtained from a separate site and through a separate incision unrelated to the major operative incision...”

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12/12/02	22899-51	1200.00	600.00	M	DOP	Rule 133.307 (g)(3)D)  MFG, SGR, (I)(D)(1)(a-b)	The requestor submitted copies of redacted EOBs indicating other carrier's had considered the requestor's charges fair and reasonable. On this basis, additional reimbursement is recommended. However the Multiple Procedure Rule, per the MFG, reimbursement of \$600.00 is the allowed amount. Carrier previously reimbursed \$600.00; therefore, no additional reimbursement is recommended.
	27299-51	850.00	00.00	G	DOP	The 1994 Global Service Data for Ortho Surgery (pg. vii)  MFG, SGR, (I)(D)(1)(a-b)	This is iliac crest reconstruction, obtained by separate incision and billable per the 1994 Global Service Data for Orthopaedic Surgery. Using the multiple procedure rule, per the MFG, reimbursement of \$425.00 is recommended.

	22899-51	500.00	00.00	G	DOP	See above.	This disputed service is bone preparation. Per the 1994 Global Service Data for Orthopaedic Surgery, this service can be billed. Using the Multiple Procedure Rule, per the MFG, reimbursement of \$250.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$675.00.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 27299-51 and 22899-51 in the amount of **\$675.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$675.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16<sup>th</sup> day of September, 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb